

Eagle Scout Project Submission



1. Date: _____
2. Name: _____
Last First MI
Address: _____
Street Address City State Zip
Home Phone: _____ Mobile Phone: _____ Troop # _____
When do you turn 18? _____

3. Adult Leaders supervising the Project

Scoutmaster:	_____	Phone Number:	_____
Name:	_____	Phone Number:	_____
Name:	_____	Phone Number:	_____

4. PROJECT DESCRIPTION: Start Date _____ End Date _____
Briefly describe your project.

PROJECT LOCATION: _____

PROJECT DETAILS: Include daily procedures, explaining how and when each phase will progress throughout project completion. Attach a separate sheet if needed.

5. VOLUNTEERS: Who will be assisting with your project?

Estimated Man hours to complete project: _____

6. EQUIPMENT AND MATERIALS NEEDED: _____

ESTIMATED COST OF PROJECT: _____

WHO WILL SUPPLY THE FUNDS AND MATERIALS? _____ Donations? Fund Raiser? South Jordan City?

7. Has this project been approved? Yes No Approved by: _____
Position and Contact Number of Approver: _____

8. Once the project is complete, please send photographs to neighborhoodservices@sjc.utah.gov or bring hard copies to City Hall.

Coordinating Department: _____

Dept. Contact: _____

Was the project completed to the satisfaction of the City? _____

Signature of City Representative